Cardiovascular Risk and Outcomes in Patients with Diabetes: Using Medical Education to Improve Care
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RESULTS


disclosure of participants

<table>
<thead>
<tr>
<th>Domain 1:</th>
<th>Cardiology Pre (n=73)</th>
<th>Cardiology Post (n=73)</th>
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</thead>
<tbody>
<tr>
<td>Increased Likelihood to Make Evidence-Based Practice Choices</td>
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<tr>
<td>Post-Education:</td>
<td>33.5%</td>
<td>50.7%</td>
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<tr>
<td>Effect Size:</td>
<td>0.51 (N=78)</td>
<td>0.76 (N=78)</td>
</tr>
</tbody>
</table>

Activity 1: Improving CVD Outcomes in Patients with T2D

Increased Likelihood to Make Evidence-Based Practice Choices

Post-Education: 33.5%
Effect Size: 0.51 (N=78)

Activity 2: Assessing CVD Risk in Patients with T2D

Increased Likelihood to Make Evidence-Based Practice Choices

Post-Education: 50.7%
Effect Size: 0.76 (N=78)

OUTCOMES ASSESSMENT:

- Medscape collaborated with CE Outcomes, LLC, an independent assessment company, to assess the effectiveness of the education.
- Participants completed the online CE activity in a web-based format and were required to answer all of the questions correctly to receive CE credit.

Methods

Cardiovascular disease (CVD), a significant cause of morbidity and mortality among people with diabetes and the leading cause of death in people with diabetes (T2D), is a major driver due to CVD at all ages. It is four times higher among people with diabetes (T2D) than in those without. It is estimated that 60% of all deaths with T2D will occur as a result of CVD in the near future. Thus, the burden of CVD events will be devastating to diabetes patients and to society.

We assessed the hypothesis that continuing medical education improves knowledge and performance of cardiologists managing diabetes patients in patients with T2D.

Methods

- Educational effect size was calculated using the Harvard Formula for effect size, with a value of 0.8 or greater indicating a large effect size.
- Educational effect size was calculated using Cohen’s d formula, with a value of less than 0.4 indicating a small effect size.

Activity 1: Video Panel Discussion

The format used to deliver the online education was a video-based roundtable panel discussion among medical experts, interactive video segments, and activity certification. The activity launched online on October 26, 2015.

Activity 2: Video Lecture

The activity involved the use of interactive video segments, an interactive video segment, an education-based activity, and interactive video segments. The activity launched on October 26, 2015.

CONCLUSION

This study demonstrated the success of a curricular online educational intervention using multimodal technology to increase knowledge and performance of cardiologists, which can lead to enhanced management of cardiovascular risk factors and, thus, improved outcomes in patients with T2D and CVD.

DISCLOSURE

Nothing to disclose.

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NOTES

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